Asthma highlights how the compounding effects of place and access can create disproportionate impacts on health outcomes. Asthma is both very sensitive to environmental factors such as air pollution, tobacco smoke, and mold, and can also be controlled with regular preventative care.

In the MAPC region, emergency hospitalizations due to asthma happened at a rate of 230 per 100,000 youth from 2008 through 2012. This marked an increase of 22 hospitalizations per 100,000 youth compared to 2003 through 2007, an uptick driven by significant increases in Black and Latino youth rates. In the earlier time period, Black and Latino youth already experienced significantly higher rates than the regional average, so the increase over time only deepened these disparities.

Disparities in youth asthma hospitalization rates may reflect differences in neighborhood air quality, housing conditions, or access to consistent clinical care or community health programs that assist with asthma self-management. These disparities can have cascading effects, as asthma-related sleep interruptions and school absences may make it harder for young people with asthma to thrive in school. Vehicle emission reductions and improvement of indoor air quality, along with access to community health and clinical resources are some things that can improve outcomes.

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